

WEEKLY BULLETIN



CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

ESTABLISHED APRIL 15, 1870
WILTON L. HALVERSON, M.D., Director

STATE BOARD OF PUBLIC HEALTH

DR. ELMER BELT, President
Los Angeles

DR. V. A. ROSSITER
Santa Ana

DR. F. M. POTTERER, SR., Vice-President
Los Angeles

DR. NORMAN F. SPRAGUE
Los Angeles

DR. WILTON L. HALVERSON, Executive Officer
San Francisco

DR. CHARLES E. SMITH
San Francisco

DR. HORACE L. DORMODY
Monterey

DR. JAMES F. RINEHART
San Francisco

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO,
CALIFORNIA. UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE
SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO, 631 J STREET, 2-4711

SAN FRANCISCO, 603 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES, STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOL. XXII, No. 10

MARCH 27, 1943

GUY P. JONES
Editor

NUTRITION AND THE MANAGEMENT OF FOOD SUPPLY

HONORABLE CLAUDE R. WICKARD, Secretary of Agriculture

This war is putting a tremendous emphasis on nutrition practices. Formerly, a better nutrition program was something that many of us felt we ought to have. Now, it is something we must have to keep the Nation well nourished in wartime.

Today, many people are asking, "Can we hope to live up to the standards of good nutrition under wartime conditions?"

I believe we can, provided we do three things: First, if we push production of necessary foods right up to the limit; second, if we see that every family has the chance to get its fair share of the total supply for civilians; third, if each family makes the wisest possible use of its share.

I am not claiming that we will do a perfect job, either of producing or distributing food, but we can and will do far better than in the past in food distribution; for example, I think we can approach our goal through rationing and other methods.

Of course, many people will feel the pinch of rationing, especially those who are used to getting about all they want of every kind of food they want. Although these people can still eat enough for good health, their diets won't be as liberal as they have been, make no mistake about that. But if we distribute our food properly, the diets of other large numbers of people can be better than they used to be. There is a definite possibility that the nutrition level of the population as a whole might be raised, even while we are fighting this war. That is what I hope. A good working knowledge of nutrition is one of the essentials of making that hope come true.

A few weeks ago I pointed out that our probable 1943 food supply would meet or exceed the recommended allowances of the National Research Council for all the nutrients that they mention except three—calcium, niacin, and riboflavin.

Now, the figures behind that forecast are based on the nutrients in foods as they are purchased in the store. They do not take into account losses of nutrients in preparation and cooking and for some nutrients those losses can be very high.

It is vital then for all of us to know how to reduce those losses to a minimum. It is vital to know the food values of different products so that if supplies of some important food are limited, we can select other foods that supply the needed nutrients.

Other things being equal, those who have the best knowledge of nutrition are going to be the best nourished under the conditions that face all of us. A whole lot is going to depend on the skill and knowledge with which each housewife makes purchases and plans and prepares meals.

That is why better nutrition has such a large place in our national wartime program for food.

I believe it is possible for Russia and America, perhaps the most powerful countries in the world, to work together for the economic freedom and the peace of the world. At least, knowing that there can be no enduring peace, no economic stability, unless the two work together, there is nothing I ever wanted more to believe. And so deep is my faith in the fundamental rightness of our free economic and political institutions that I am convinced they will survive any such working together.—Wendell Willkie.

NUTRITION AND HEALTH

DR. THOMAS PARRAN,
Surgeon General, U. S. Public Health Service

We as a nation are beginning to realize the true relation of good nutrition to good health. No one who is badly nourished can be healthy. Failure of so many people to get the right food continues to sap National vitality, to take a heavy toll of human health and happiness. This malnutrition has been called "hidden hunger." The hunger is hidden in the sense that frequently it is unrecognized. Like an iceberg, most of it, and the most dangerous part, is under the surface. The man, woman or child, improperly nourished exists in a condition of half-health, of which the victim may be unaware. To be half well becomes the accepted state of life. We can not be satisfied now with half-health. And we do not need to be satisfied with it. For in the United States we have the resources—as Mr. Wickard has told you—not only to help our Allies, but to provide for ourselves enough of the essential foods for everyone if we share wisely, and if each individual uses wisely the food available to him.

Already the British have found that by using their food supplies with the utmost efficiency and by sharing, viz., rationing—in proportion to need, wartime restrictions have not adversely affected civilian health. In fact, necessity has forced the British to make a better distribution and use of food than they did before the war. We in America face a comparable necessity now. It is up to all of us to make rationing a useful tool for better individual health.

This we can do by putting nutritional knowledge to work in our daily lives. Formerly we sought health for health's sake; now we must attain it for the Nation's safety. Our real progress in National health began when most people learned to accept and apply health knowledge. We can look for new advances in health through better nutrition. Today we have no choice—war demands that no one waste food and that each of us now apply the newer knowledge of food to his daily diet.

We must all remember, however, that no one becomes well nourished by accident. Assuming reasonable availability of essential food, improvement in National nutrition is largely an individual responsibility. Every citizen should have a down-to-earth working knowledge of modern nutrition. Each of us must learn how to choose every day the foods necessary for a balanced diet. We must acquire a taste for a wide variety of foods, because, when there is a shortage of one food, we must choose another to take its place. Diets will become more monotonous; they

need not become less healthful. We must eat to live, not live to eat. In fact, with apologies to Mr. Churchill, we may have to ask ourselves, "Do we want butter or Berlin; tenderloin or Tokio?"

PROPER FOOD LABELING A PROBLEM

The sudden and unavoidable use of substitutes in food products and the inability to label them properly, because of the rapid changes in the availability of materials, constitutes a real problem in the enforcement of the pure food law. This condition is not confined to any one industry, but includes bakeries, sandwich manufacturers, makers of imitation meat products and many other food industries.

Since labels must be ordered well in advance, the manufacturer uses substitutes, while the labels remain unchanged. The consumer, therefore, is in ignorance of the use of substitutes, since they are not declared on the label. As a result, ham sandwiches or ham and egg sandwiches frequently contain no ham whatsoever, and the scarcity of meat, in general, makes adulteration of meat products more frequent. Nevertheless, the State Department of Public Health prosecutes offenders for adulterating ground meat with sulphur dioxide and for adding red coal tar dyes to color hamburger. Furthermore, the Office of Price Administration has advised that the adulteration of ground meat is a violation of its regulations, since the purchaser is not receiving the true product for which the price is set. The Bureau of Food and Drug Inspections is working with the Office of Price Administration in eliminating adulterations of food products.

CIVILIAN DEFENSE AND MILITARY SANITATION

During February particular attention was paid to shipyards and other industries which are found to be extensively cross-connected to highly polluted harbor water-systems. This has developed into a careful study of water supplies in the harbors of the State.

Larger projects in military sanitation are not as numerous as heretofore, but in their place appear a large number of sanitary problems involving small encampments.

Many inquiries relative to malaria hazards in the vicinity of certain mosquito breeding districts of the State have been received. The question is rather acute because malaria cases are being returned from the Pacific Southwest, and there is a possibility that the mosquito population in the vicinity of Army camps might become infected with the severe type of malaria that prevails in the islands of the Pacific. The State mosquito control program, for this reason,

has been expanded so as to include surveys of anophelis mosquito breeding places that heretofore were not under control operations.

STAFF MEMBERS AT WAR

The following members of the staff of the California State Department of Public Health are engaged in war services:

Helen Ackley, P.H.N.	Jack T. Hubbard
Ray Atkinson, M.D.	George Husser, M.D.
Lloyd Bascom	Wm. T. Ingram
Paul Billings	Homer W. Jorgensen
Alcor Browne	James R. Keefer
Donald Budie	Hubert W. Keltner
O. L. Butterfield	Francis J. Lenehan
Ida May Carlston, P.H.N.	Edward Maher, M.D.
Beckwith Clark	Rollyn E. Malde
Jules Comroe, M.D.	E. B. Mansfield
Leon Comroe, M. D.	Howard Marriott
Joseph Copeland, M.D.	John S. Martin
John Cruzan	Charles Meisenbach
Sidney F. Dommes, Jr.	Reid Nunn
Robert Dyar, M.D.	Richard F. Peters
Tom Enright	Charles Pokorny, M.D.
Morris Farell	Jack W. Pratt
J. J. Fitzgerald, M.D.	Donald Roberts
Lowell D. Ford, M.D.	Fred Rohl
Herbert Foster, Jr.	Robert E. Ryan
Lyman D. Heacock, D.D.S.	Julius R. Scholtz, M.D.
Horace Hancock	Jack Schorr
R. W. Haymond	Joseph B. Smith
Donald Helgren	Lillian Wurzel
D. D. Holaday, M.D.	

REVISED LIST OF REPORTABLE DISEASES

Reportable Only:

Anthrax

Botulism—if commercial product notify State Department of Health at once.

Coccidioidal Granuloma

Dengue—keep patient in mosquito-free room.

Epilepsy

Food Poisoning

Glanders—report by phone or telegraph.

Jaundice—infectious or epidemic types.

Malaria—keep patient in mosquito-free room.

Pneumonia—specify type of pneumococcus if known.

Relapsing Fever

Rheumatic Fever

Rocky Mountain Spotted Fever

Tetanus

Trichinosis

Tularemia

Undulant Fever

Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)

Chickenpox

Dysentery—Amoebic

Dysentery—Bacillary—specify type if known.

German Measles

Influenza

Measles

Mumps

Ophthalmia Neonatorum

Psittacosis

Rabies—in animals. Use special card.

Rabies—in humans.

Septic Sore Throat (in epidemic form).

Trachoma

Tuberculosis—use special card.

Whooping Cough

Syphilis—use special card.

Gonorrhea—use special card.

Chancroid—use special card.

Lymphopathia Venereum—use special card.

Granuloma—Inguinale—use special card.

Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.

Diphtheria

Encephalitis (Infectious)—specify type if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

Leprosy

Meningitis (due to the meningococcus).

Paratyphoid Fever—specify type A or B.

Plague—report by telephone or telegraph to State Department of Health.

Acute Anterior Poliomyelitis

Scarlet Fever

Smallpox

Typhoid Fever

Typhus Fever

Yellow Fever—report by telephone or telegraph to State Department of Health.

Macaulay once said, "I know of only two ways in which societies can be governed—by public opinion and by the sword." The choice between those two alternatives is clearly before the peoples of the world today. We of the United Nations are resolved that our victory over Hitlerism will banish rule by the sword once and forever.—Sumner Welles.

MORBIDITY***Complete Reports for Certain Diseases Recorded for Week Ending March 20, 1943****Chickenpox**

1799 cases from the following counties: Alameda 189, Butte 1, Contra Costa 16, El Dorado 2, Fresno 47, Glenn 2, Humboldt 2, Inyo 3, Kern 22, Kings 11, Los Angeles 522, Madera 4, Marin 34, Merced 2, Monterey 11, Orange 66, Riverside 5, Sacramento 90, San Bernardino 21, San Diego 200, San Francisco 191, San Joaquin 79, San Luis Obispo 15, San Mateo 30, Santa Barbara 14, Santa Clara 48, Santa Cruz 23, Shasta 6, Siskiyou 2, Solano 52, Sonoma 14, Sutter 4, Tulare 54, Ventura 14, Yuba 3.

German Measles

1682 cases from the following counties: Alameda 199, Butte 1, Contra Costa 19, Fresno 55, Humboldt 4, Inyo 1, Kern 1, Los Angeles 584, Marin 15, Merced 1, Modoc 1, Monterey 9, Orange 112, Riverside 4, Sacramento 44, San Bernardino 16, San Diego 297, San Francisco 135, San Joaquin 22, San Luis Obispo 15, San Mateo 12, Santa Barbara 13, Santa Clara 39, Santa Cruz 17, Solano 5, Sonoma 11, Sutter 1, Ventura 39, Yolo 6, Yuba 4.

Measles

763 cases from the following counties: Alameda 55, Amador 2, Butte 1, Contra Costa 18, Fresno 12, Humboldt 35, Kern 9, Kings 3, Los Angeles 246, Madera 2, Marin 16, Merced 6, Modoc 30, Monterey 8, Napa 1, Orange 8, Riverside 7, Sacramento 44, San Bernardino 5, San Diego 79, San Francisco 70, San Joaquin 5, San Luis Obispo 6, San Mateo 18, Santa Barbara 2, Santa Clara 24, Shasta 3, Solano 35, Sonoma 4, Sutter 1, Tulare 7, Ventura 2, Yolo 2, Yuba 2.

Mumps

801 cases from the following counties: Alameda 67, Butte 1, Contra Costa 20, Del Norte 3, Fresno 13, Glenn 14, Humboldt 16, Inyo 1, Kern 37, Kings 1, Los Angeles 133, Madera 2, Marin 5, Merced 5, Modoc 4, Monterey 7, Napa 18, Orange 36, Riverside 1, Sacramento 7, San Bernardino 1, San Diego 118, San Francisco 85, San Joaquin 108, San Luis Obispo 2, San Mateo 19, Santa Clara 18, Santa Cruz 2, Shasta 40, Siskiyou 2, Solano 12, Sonoma 1, Tulare 2.

Scarlet Fever

160 cases from the following counties: Alameda 5, El Dorado 1, Fresno 3, Glenn 10, Humboldt 4, Kern 3, Los Angeles 58, Marin 2, Monterey 1, Orange 2, Placer 3, Sacramento 8, San Bernardino 5, San Diego 5, San Francisco 20, San Luis Obispo 1, San Mateo 1, Santa Clara 6, Santa Cruz 6, Solano 10, Sonoma 3, Tulare 3.

Whooping Cough

348 cases from the following counties: Alameda 47, Colusa 6, Contra Costa 8, Fresno 11, Glenn 9, Humboldt 3, Kern 4, Los Angeles 98, Merced 2, Modoc 5, Monterey 10, Orange 9, Riverside 3, Sacramento 17, San Bernardino 2, San Diego 31, San Francisco 20, San Joaquin 6, San Luis Obispo 1, Santa Barbara 9, Santa Clara 9, Santa Cruz 19, Shasta 4, Solano 3, Sonoma 3, Tehama 2, Tulare 1.

Epilepsy

34 cases from the following counties: Los Angeles 23, Riverside 1, Sacramento 3, San Bernardino 1, San Diego 1, San Francisco 3, San Joaquin 1, San Luis Obispo 1.

Botulism

One case from Los Angeles County.

Dysentery (Bacillary)

5 cases from the following counties: Los Angeles 4, Riverside 1.

Encephalitis (Infectious)

One case from Kern County.

Food Poisoning

9 cases from the following counties: Fresno 4, San Joaquin 5.

Influenza (Epidemic)

78 cases reported in the State.

Jaundice (Infectious)

6 cases from the following counties: Los Angeles 4, Madera 1, Santa Barbara 1.

Malaria

One case from Alameda County.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Meningitis (Meningococcic)

21 cases from the following counties: Alameda 2, Glenn 1, Los Angeles 4, Napa 1, Riverside 1, Sacramento 2, San Bernardino 1, San Diego 4, San Francisco 2, San Joaquin 1, Santa Cruz 1, California 1.**

Pneumonia (Infectious)

96 cases reported in the State.

Poliomyelitis (Acute Anterior)

2 cases from Los Angeles County.

Rabies (Animal)

17 cases from the following counties: Fresno 1, Kern 1, Los Angeles 8, Monterey 6, San Diego 1.

Rheumatic Fever (Acute)

7 cases from the following counties: Kern 1, Los Angeles 2, San Francisco 1, Solano 3.

Smallpox

One case from Humboldt County.

Trichinosis

One case from Alameda County.

Typhoid Fever

2 cases from Sacramento County.

Undulant Fever

2 cases from the following counties: Los Angeles 1, San Bernardino 1.

Gonorrhea

336 cases reported in the State.

Syphilis

1032 cases reported in the State.

The great fact for us to remember is that all our material strength and effort is not enough. There is something still greater, more fundamental. This whole conflict has shown us that the all-important, the supreme thing, without which all else is to no avail, is the spirit, the character and the soul of a people. And so this mighty struggle is calling us as a Nation back to God, back to the simple Christian faith, back to real religion.—Bishop Wm. T. Manning.

We haven't taken time to begin to learn about the world through which we are passing. * * * I predict that our liberal arts faculties will more and more be given refresher courses to graduates and to non-graduates alike. * * * It is time that the world "commencement" be given a new educational content for the graduating classes of our great universities.—Charles Seymour.

